



Docket No. AT 2021.00

**Certificate of Mailing/Transmission (37 C.F.R. § 1.8(a)):**

Pursuant to 37 C.F.R. § 1.8, I hereby certify that this paper and all enclosures are being deposited with the United States Postal Service as first class mail on the date indicated below in an envelope addressed to Attn: Box AF, Commissioner for Patents, Washington D.C. 20231.

Dated: November 26, 2002

Name of Person Certifying: Peggy Nichols

Printed Name: Peggy Nichols

#43  
Notice of  
Appeal  
S. Byrca  
12/6/02

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: **Thomas A. SILVESTRINI**

Examiner: **David H. Willse**

Filing Date: **July 15, 1996**

Group Art Unit: **3738**

Serial No.: **08/596,221**

Title: **SEGMENTED PLIABLE INTRASTROMAL CORNEAL INSERT**

Box AF  
Commissioner for Patents  
Washington, D.C. 20231

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TECHNOLOGY CENTER R3700

**NOTICE OF APPEAL AND PETITION FOR A THREE  
MONTH EXTENSION OF TIME**

Sir:

A Final Office Action was issued by the U. S. Patent and Trademark Office on May 29, 2002, in connection with the above-identified application. A response to this final action was due August 29, 2002. Enclosed is a Petition For A Three Month Extension of Time, and our authorization to pay the fee due. In view of the filing of this Petition, the subject application is pending today.

Applicants hereby appeal to the Board of Appeals from the decision dated May 29, 2002 of the Examiner finally rejecting claims 23,24,28, 30-37, and 40-43. The items checked below are appropriate.



Appeal Fee:



Large Entity Fee of \$330.00; or



Small Entity Fee of \$160.00.



Applicant(s) claim Small Entity Status under 37 CFR § 1.27.



Petition for Extension of Time (3 mos.)



Petition for Extension of Time Fee \$460.00



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Payment of Fees



Enclosed is Check No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.



Please charge Deposit Account No. 50-1189, in the amount of \$620.00 to cover the above-fees referencing billing reference No. 23915-7319. *A duplicate copy this sheet is enclosed.*



The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-1189, referencing billing reference No. 23915-7319.

DATE: November 26, 2002

Respectfully submitted,

By: \_\_\_\_\_

*Antoinette F. Konski*  
Antoinette F. Konski

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